

## NATIONAL VACCINE ADVISORY COMMITTEE

### Report of the Subcommittee on Adult Immunization (Dr. Schaffner)

February 1990

The subcommittee formulated its recommendations by addressing a series of barriers to adult immunization.

#### Recommendations:

1. Financial need should not be a barrier to the immunization of adults.
2. Delivery of immunization services must be adequately reimbursed by Medicaid, Medicare, and private third-party payers.
3. Research should be undertaken into what motivates physicians to offer (and not to offer) vaccines to adults and what motivates persons to accept or decline immunization. The goal is to design effective interventions that will result in behavioral changes leading to increased immunization rates.
4. The public as well as health care professionals should be educated regarding the benefits, risks, and costs of immunizations and the diseases that will be prevented by immunization. There are particular needs to reach certain groups with this information, for example: IV drug users, homosexual men, persons whose residency status is undocumented, older persons, travelers abroad, among others. The educational messages ought to be presented using language and formats that are designed specifically for the group targeted for the educational programs.
5. Standards of care for adult immunization need to be developed by authoritative groups and then promulgated widely.
6. Liability protection should be extended to the use of all vaccines administered to all persons, including adults. Vaccines administered to adults ought to be considered for inclusion in the national vaccine injury compensation system.
7. Research is needed in several areas, among them:
  - o the improvement of existing vaccines, especially influenza vaccine;
  - o the development of rapid and precise diagnostic methods for influenza and pneumococcal disease;
  - o the safety and efficacy of vaccines used in special groups, included but not limited to, pregnant women and persons with AIDS;

- o the development of new vaccines; and,
  - o persistence of immunity in adults induced by vaccine administered during childhood.
8. An adequate supply of vaccines targeted for use in limited populations must be assured (see Vaccine Supply Subcommittee report).
  9. Federal support for adult immunization activities should include reimbursement for clinical services, State immunization grant programs, purchase and distribution of vaccines, evaluation of programs, surveillance of vaccine preventable diseases, surveillance of immunization levels in the general adult population and in special groups, and adverse events monitoring.
  10. Support should be provided for the activities of organizations such as (but not limited to) the National Coalition for Adult Immunization, that will coordinate national vaccine policies directed at adults.
  11. Legislative and regulatory strategies should be considered to ensure immunization of selected groups of adults.